

BANK COPY (To be sent to BANK OF INDIA, Tardeo Branch, Mumbai-34) MAHARASHTRA STATE Building & Other Construction Workers Welfare Fund Account.	BANK COPY (To be sent to BANK OF INDIA, Tardeo Branch, Mumbai-34) MAHARASHTRA STATE Building & Other Construction Workers Welfare Fund Account.	REMITTER'S COPY (To be sent to Secretary, Maharashtra Building & Other Construction Workers Welfare Board, Commerce Centre, Tardeo, Mumbai-34). Along with Form-I or List of Beneficiary.	REMITTER'S COPY (To be sent to Secretary, Maharashtra Building & Other Construction Workers Welfare Board, Commerce Centre, Tardeo, Mumbai-34). Along with Form-I or List of Beneficiary.
BANK OF INDIA Branch :- Code No. :- Date :-	BANK OF INDIA Branch :- Code No. :- Date :-	BANK OF INDIA Branch :- Code No. :- Date :-	BANK OF INDIA Branch :- Code No. :- Date :-
Paid into the credit of Maharashtra State Welfare Board for Building & Other Construction Workers Account No. 004220110000153 Bank of India, Tardeo, Mumbai-400 034.	Paid into the credit of Maharashtra State Welfare Board for Building & Other Construction Workers Account No. 004220110000153 Bank of India, Tardeo, Mumbai-400 034.	Paid into the credit of Maharashtra State Welfare Board for Building & Other Construction Workers Account No. 004220110000153 Bank of India, Tardeo, Mumbai-400 034.	Paid into the credit of Maharashtra State Welfare Board for Building & Other Construction Workers Account No. 004220110000153 Bank of India, Tardeo, Mumbai-400 034.
Rs. (Rupees) only) Denomination / Details of DDs Overleaf.	Rs. (Rupees) only) Denomination / Details of DDs Overleaf.	Rs. (Rupees) only) Denomination / Details of DDs Overleaf.	Rs. (Rupees) only) Denomination / Details of DDs Overleaf.
Towards contribution of Beneficiary/Cess as per details overleaf. Signature of the Employer/Remitter alongwith address stamp/seal.	Towards contribution of Beneficiary/Cess as per details overleaf. Signature of the Employer/Remitter alongwith address stamp/seal.	Towards contribution of Beneficiary/Cess as per details overleaf. Signature of the Employer/Remitter alongwith address stamp/seal.	Towards contribution of Beneficiary/Cess as per details overleaf. Signature of the Employer/Remitter alongwith address stamp/seal.
1. Outstation cheques will not be accepted 2. Fraction amount shall be rounded to Rupee only.	1. Outstation cheques will not be accepted 2. Fraction amount shall be rounded to Rupee only.	1. Outstation cheques will not be accepted 2. Fraction amount shall be rounded to Rupee only.	1. Outstation cheques will not be accepted 2. Fraction amount shall be rounded to Rupee only.
FOR BANK USE ONLY.	FOR BANK USE ONLY.	FOR BANK USE ONLY.	FOR BANK USE ONLY.
Received Rs. (Rupees) only)	Received Rs. (Rupees) only)	Received Rs. (Rupees) only)	Received Rs. (Rupees) only)
Cash/Cheque/D. D.	Cash/Cheque/D. D.	Cash/Cheque/D. D.	Cash/Cheque/D. D.
Date Cashier / Officer	Date Cashier / Officer	Date Cashier / Officer	Date Cashier / Officer

OVERLEAF

OVERLEAF

Name & Address of the establishment :- Unit Code No. given by _____ Officer :- Name the person responsible :- Phone No:-	Name & Address of the establishment :- Unit Code No. given by Assessment Officer:- Name the person responsible :- Phone No:-	Name & Address of the establishment :- Unit Code No. given by _____ Officer :- Name the person responsible :- Phone No:-	Name & Address of the establishment :- Unit Code No. given by _____ Officer :- Name the person responsible :- Phone No:-
CONTRIBUTIONS OF BENEFICIARIES			
No. of workers :-	No. of workers :-	No. of workers :-	No. of workers :-
Period of Contribution:-	Period of Contribution:-	Period of Contribution:-	Period of Contribution:-
Total Amount of Contribution:-	Total Amount of Contribution:-	Total Amount of Contribution:-	Total Amount of Contribution:-
List of Workers along with Registration Number allotted by the Board enclosed to the Remitter's Copy sent to the Secretary of the Building & Other Construction Workers' Welfare Board, Mumbai	List of Workers along with Registration Number allotted by the Board enclosed to the Remitter's Copy sent to the Secretary of the Building & Other Construction Workers' Welfare Board, Mumbai	List of Workers along with Registration Number allotted by the Board enclosed to the Remitter's Copy sent to the Secretary of the Building & Other Construction Workers' Welfare Board, Mumbai	List of Workers along with Registration Number allotted by the Board enclosed to the Remitter's Copy sent to the Secretary of the Building & Other Construction Workers' Welfare Board, Mumbai
CESS			
Plan Approval Authorities:-	Plan Approval Authorities:-	Plan Approval Authorities:-	Plan Approval Authorities:-
Unit Code No. :-	Unit Code No. :-	Unit Code No. :-	Unit Code No. :-
Details :-	Details :-	Details :-	Details :-
(Govt. Departments/Organisation) Engineer/Contractor:-	(Govt. Departments/Organisation) Engineer/Contractor:-	(Govt. Departments/Organisation) Engineer/Contractor:-	(Govt. Departments/Organisation) Engineer/Contractor:-
Estimated cost of construction:-	Estimated cost of construction:-	Estimated cost of construction:-	Estimated cost of construction:-
For the year.....	For the year.....	For the year.....	For the year.....
(From to)	(From to)	(From to)	(From to)
(Form-I, enclosed to the Remitter's copy sent to the Secretary of the Board)	(Form-I, enclosed to the Remitter's copy sent to the Secretary of the Board)	(Form-I, enclosed to the Remitter's copy sent to the Secretary of the Board)	(Form-I, enclosed to the Remitter's copy sent to the Secretary of the Board)